

7. Provide a clear version of Figure 1 and Figure 2 depicting the receiving water and sediment station locations.

The Navy will make a new copy of Figure 1 and submit it to Steven Webb by EOB 21 June 2018.

8. Include an unobstructed copy of the process flow diagram and split the diagram so that it fits on three separate standard sheets of paper.

The Navy will provide this by EOB 21 June 2018 to Steven Webb.

9. Include the locations at which chemicals are added to the process and the flow rates through each unit process in the process flow diagram.

The Navy will provide this by EOB 21 June 2018 to Steven Webb.

10. Provide a narrative of the treatment process including all unit processes and chemicals added. Describe the flow through the secondary and tertiary treatment plants and how these plants are hydraulically connected.

The supplemental information sheet containing this information was inadvertently omitted from the prior submittal and is attached.

11. Describe the source water from the facility (residential, industrial, etc.).

SCI WWTP receives sewage from a separated sanitary sewer serving a population of approximately 500 people, except in cases when extra personnel are present due to training on the island. In those instances, wastewater from portable toilets may be delivered directly to the headworks of the treatment system. Only residential waste is discharged to the sanitary sewer. Septage from various septic tanks may be delivered directly to the headworks on an emergency basis to avoid or mitigate overflows. The septic tanks are routinely pumped by a contractor and septage transported offsite by barge to a City of San Diego treatment works pump station.

12. Provide a narrative on how industrial wastes are disposed on the island.

Only residential wastes are discharged to the sanitary sewer. All industrial drains have been capped with concrete. Industrial wastes (used oil, used anti-freeze, used batteries, etc.) are stored onsite and are manifested off the island via barge and properly disposed of in accordance with federal and state regulations. There is no heavy industry on the island and most of the waste generated is associated with facility and vehicle maintenance (e.g. changing oil on a vehicle).

13. Describe the extent of the sanitary sewer system on San Clemente Island and date on which a Notice of Intent (NOI) was submitted to the State Water Resources Control Board for coverage under the *Statewide General Waste Discharge Requirements for Sanitary Sewer Systems* (State Water Board Order No. 2006-0003-DWQ).

Please see letter attached dated March 29th, 2007.

14. Provide a narrative describing the storm water flows at the facility and the date on which an NOI was submitted to the State Water Resources Control Board for coverage under the *General Permit for Storm Water Discharges Associated with Industrial Activities* (Order 2014-0057-DWQ).

WDID - 9 37I005692

SCI has been enrolled in the California Industrial General Permit since April 7th, 1992.

There is sheet flow that runs into two channel discharge locations at the WWTP area. There are no catch basins or storm water infrastructure in the area. The sheet flow areas are described below.

- (1) Sheet flow discharges with a 30-inch width draining the area around the Waste Water Treatment Plant. This discharge is within the area covered by State Water Resources Control Board Resolution 77-11.
- (2) Sheet flow discharge from an 18-inch wide concrete channel draining the road west of the Waste Water Treatment Plant. This discharge is within the area covered by State Water Resources Control Board Resolution 77-11.

15. Describe the cause(s) of the pH violations observed during the current permit cycle since August of 2013 and any corrective actions that were performed.

The SCI WWTP had a few pH violations during the current permit cycle since August of 2013. The reason why these violations occurred was due to overdosing of sodium bisulfite. This issue was fixed with an automatic feed that now has a chlorine residual monitor. The sodium bisulfite dosing adjusts based on the chlorine residual readings.

16. Include documentation that the Chief Plant Operator has the appropriate level of certification to operate the facility.

See attachments for certificate.

17. Monitoring frequencies for several constituents were increased with the adoption of the current Order but data for 2013 does not reflect this. Please update the spreadsheet to include all monitoring data for the last quarter of 2013.

Monitoring during the last quarter of 2013 (October – December 2013) was performed in accordance with the current order (effective date 30 August 2013), Attachment E “Monitoring and Reporting Program,” Table 8 “Monitoring Periods and Reporting Schedule.” However, all the receiving water results for October – December 2013 were inadvertently omitted from the summary spreadsheet. Revised receiving water data spreadsheets are enclosed. Also note that, per MRP Table 8, the semi-annual and annual monitoring periods did not begin until 1 January 2014.

18. Include 2013 monitoring data for nitrite, total nitrogen, and organic nitrogen in the spreadsheet.

These compounds were added to the current order with a semi-annual monitoring period. Therefore, no monitoring was required in 2013. Per MRP Table 8, the semi-annual and annual monitoring periods did not begin until 1 January 2014.

FORM
2A
NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow \geq 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:

San Clemente Island Wastewater Treatment Plant - CA0110175

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name NALF San Clemente Island Wastewater Treatment Plant

Mailing Address P.O. BOX 357088
San Diego, CA 92135

Contact person Thomas Niday

Title Utilities Systems Operations Supervisor

Telephone number 619-524-9125 Mobile 619-488-0854

Facility Address Navy Auxillary Landing Field San Clemente Island
(not P.O. Box) Los Angeles, CA

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Naval Base Coronado

Mailing Address Env. Division, Naval Base Coronado PWO Bldg. 3
PO BOX 357088, San Diego, CA 92135-7088

Contact person Jason Golumbskie

Title Installation Environmental Program Director, Naval Base Coronado

Telephone number (619) 545-3429

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES CA0110175 PSD NA

UIC NA Other WDRWRR RWQCB R4-2015-0107; WDR SWRCB 2014-0153-DWQ and 97-128

RCRA NA Other Sludge under WWTP NPDES permit (Att 1)

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Wilson Cove</u>	<u>500+</u>	<u>Separate sanitary sewer</u>	<u>Federal - Navy</u>
_____	_____	_____	_____
_____	_____	_____	_____

Total population served 500+

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A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.03
- mgd

Design flow rate for tertiary WWTP, below values for existing secondary WWTP

Secondary Treatment Plant 0.06 mgd

Design Flow Rate

- b. Annual average daily flow rate
- 0.018 (effl & recycled)
- 0.019 (effl & recycled)
- 0.018 (effl & recycled)
- mgd

- c. Maximum daily flow rate
- 0.035 (effl & recycled)
- 0.038 (effl & recycled)
- 0.041 (effl & recycled)
- mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

- ☒
- Separate sanitary sewer
- 100
- %
-
- ☐
- Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent
- 1
-
- ii. Discharges of untreated or partially treated effluent
- 0
-
- iii. Combined sewer overflow points
- 0
-
- iv. Constructed emergency overflows (prior to the headworks)
- 0
-
- v. Other
- 0

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: NAAnnual average daily volume discharged to surface impoundment(s) NA mgdIs discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☒
- Yes
- ☐
- No

If yes, provide the following for each land application site:

Location: Recycled water used for soil compaction and dust control (R4-2015-0107)Number of acres: Varies - NAAnnual average daily volume applied to site: 0.0017 (recycled water) MgdIs land application ☐ continuous or ☒ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

NA

If transport is by a party other than the applicant, provide:

Transporter name: NA

Mailing Address:

Contact person: NA

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name: NA

Mailing Address:

Contact person: NA

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility.

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

Yes

No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

NA

Annual daily volume disposed of by this method:

Is disposal through this method

continuous or

intermittent?

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 002

b. Location Navy Auxillary Landing Field San Clemente Island NA
 (City or town, if applicable) (Zip Code)
Los Angeles CA
 (County) (State)
33.00000 -118.56444
 (Latitude) (Longitude)

c. Distance from shore (if applicable) 450 ft.d. Depth below surface (if applicable) 70 ft.e. Average daily flow rate 0.017 mgd

f. Does this outfall have either an intermittent or a periodic discharge?

Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: NAAverage duration of each discharge: NAAverage flow per discharge: NA mgdMonths in which discharge occurs: NA

g. Is outfall equipped with a diffuser?

Yes ✓ No

Description of Outfall 001:

a. Outfall number: 001

b. Location: Navy Auxiliary Landing Field San Clemente Island, Los Angeles, CA 250 feet east of the plant and 1,000 feet south of Wilson Cove (Latitude 32.9972; Longitude -118.54583)

c. Distance from shore (if applicable): NA

d. Depth below surface (if applicable): NA

e. Average daily flow rate: NA

(decommission on July 11, 2008)

f. Does the outfall have either an intermittent or a periodic discharge? No

g. Is outfall equipped with a diffuser? No

A.10. Description of Receiving Waters.

a. Name of receiving water Pacific Oceanb. Name of watershed (if known) San Clemente IslandUnited States Soil Conservation Service 14-digit watershed code (if known): NAc. Name of State Management/River Basin (if known): NAUnited States Geological Survey 8-digit hydrologic cataloging unit code (if known): NA

d. Critical low flow of receiving stream (if applicable):

acute NA cfs chronic NA cfse. Total hardness of receiving stream at critical low flow (if applicable): NA mg/l of CaCO₃

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A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☐ Primary ☒ Secondary
☒ Advanced ☒ Other. Describe: Smith&Loveless Titan™ MBR pkg (Tertiary) (Planned)

b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal 99 %
 Design SS removal 99 %
 Design P removal N/A %
 Design N removal 89 %
 Other _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Secondary WWTP - liquid sodium hypochlorite; Tertiary WWTP - tablet chlorinator (sodium hypochlorite)

If disinfection is by chlorination, is dechlorination used for this outfall? ☒ Yes ☐ No

d. Does the treatment plant have post aeration? ☐ Yes ☒ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 002

Values below are from existing secondary WWTP

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.12	s.u.			
pH (Maximum)	6.87	s.u.			
Flow Rate	34,771	GPD	16,922	GPD	365
Temperature (Winter)	67.8	Degrees F	63.7	Degrees F	6
Temperature (Summer)	74.5	Degrees F	70.6	Degrees F	6

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	19.5	mg/L	5.13	mg/L	12	SM5210B	MDL = 2.00
	CBOD-5							
FECAL COLIFORM		23	MPN/100mL	4	MPN/100mL	12	SM9221B,E	MDL = 2
TOTAL SUSPENDED SOLIDS (TSS)		<10	mg/L	<10	mg/L	12	SM2540D	MDL = 10

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

San Clemente Island Wastewater Treatment Plant - CA0110175

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**All applicants with a design flow rate \geq 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

N/A gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.**B.4. Operation/Maintenance Performed by Contractor(s).**Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☐ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

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- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable):

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
-- Begin construction	___/___/___	___/___/___
-- End construction	___/___/___	___/___/___
-- Begin discharge	___/___/___	___/___/___
-- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

San Clemente Island Wastewater Treatment Plant - CA0110175

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.


Name and official title Jason Golumbskie-Jones, NBC Installation Environmental Program DirectorSignature Telephone number (619) 545-3429Date signed 06/18/2018

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
				CA417009456	
				13 14 15	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X			
		16	17	18	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X		
		22	23	24	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X		
		28	29	30	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		
		34	35	36	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
		40	41	42	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X		
		19	20	21	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X		
		25	26	27	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X		
		31	32	33	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X		
		37	38	39	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
		43	44	45	
III. NAME OF FACILITY					
1 NALF SAN CLEMENTE ISLAND WASTE WATER TREATMENT PLANT					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
2 NIDAY, THOMAS, UTILITIES SYSTEM OPERATOR					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
B. PHONE (area code & no.)					
619 524-9125					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 P.O. BOX 357088					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
B. CITY OR TOWN					
4 SAN DIEGO					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
C. STATE					
CA					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
D. ZIP CODE					
92135					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 NAVY AUXILLARY LANDING FIELD SAN CLEMENTE ISLAND					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
B. COUNTY NAME					
LOS ANGELES					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
C. CITY OR TOWN					
6 NAVY AUXILLARY LANDING FIELD SAN CLEMENTE ISLAND					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
D. STATE					
CA					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
E. ZIP CODE					
N/A					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
F. COUNTY CODE (if known)					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					

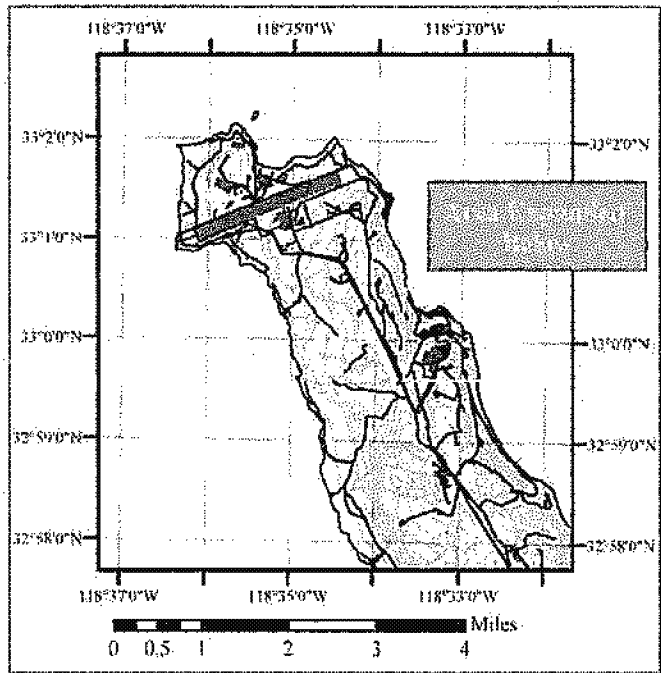
CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)									
A. FIRST					B. SECOND				
7	4	9	5	2	7	9	7	1	1
(specify) SEWAGE SYSTEM					(specify) NATIONAL SECURITY				
C. THIRD					D. FOURTH				
7					7				
(specify) N/A					(specify) N/A				
VIII. OPERATOR INFORMATION									
A. NAME								B. Is the name listed in Item VIII-A also the owner?	
8 Naval Facilities Engineering Command Southwest								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)								D. PHONE (area code & no.)	
F = FEDERAL		M = PUBLIC (other than federal or state)		F		(specify) US Navy		619-524-9125	
S = STATE		O = OTHER (specify)							
P = PRIVATE									
E. STREET OR P.O. BOX									
Naval Station San Diego Bldg 3212									
F. CITY OR TOWN									
B San Diego									
G. STATE				H. ZIP CODE		IX. INDIAN LAND			
CA				92135		Is the facility located on Indian lands?			
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
9	N				9	P			
CA0110175					N/A				
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)				
9	U				RWQCB Order R4-2015-0107; SWRCB 2014-0153-DWQ and 97-128				
N/A					(specify) WASTE DISCHARGE REQUIREMENTS AND TITLE 22 WATER RECYCLING REQUIREMENTS ISSUED TO USN NALE SCI WWTP; WDWS FOR FUEL FARM AND HELICOPTER SQUADRON SEPTICS				
C. RCRA (Hazardous Wastes)					E. OTHER (specify)				
9	R				NALE SCI SWRCB 2014-0057-DWQ, NPDES CA000001; sludge WWTP NPDES permit (Att I)				
N/A					(specify) NALE SCI is under the State IGP CA000001; sludge is managed by drying, bagging, and disposing at SCI landfill				
XI. MAP									
<p>Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.</p>									
XII. NATURE OF BUSINESS (provide a brief description)									
UNITED STATES NAVY AUXILIARY LAND FIELDING & NATIONAL SECURITY									
<p>Biosolids from the treatment plant are either dried in drying beds or bagged for dewatering over plastic pallets. The dried biosolids are transported to and disposed of at the San Clemente Island Landfill, regulated separately under Order No. R4-2010-0045, adopted by the Regional Water Board on March 4, 2010.</p> <p>The Navy is producing, distributing, and using recycled water under Order R4-2015-0107, which became effective on May 14, 2015. The recycled water is used for soil compaction, mixing concrete, backfill consolidation around non-potable piping, dust control, and flushing sanitary sewers.</p>									
XIII. CERTIFICATION (see instructions)									
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p>									
A. NAME & OFFICIAL TITLE (type or print)					B. SIGNATURE			C. DATE SIGNED	
Jason Golumbskie-Jones, Naval Base Coronado Installation Environmental Program Director								06/18/2018	
COMMENTS FOR OFFICIAL USE ONLY									

118°33'0"W

PACIFIC OCEAN

Wilson Cove



Sewage Treatment Plant
(Outfall 450 feet offshore)
See Engineering Report for detailed
construction drawings

Sewage Treatment Plant Location

0 0.0375 0.075 0.15 0.225 0.3 Miles



Coastline

Buildings

Developed

50 Ft. Contours

Roads

Ephemeral Watercourses

Sewage Treatment Plant

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control Board

APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

**A. Facility:****I. FACILITY INFORMATION**

Name: NALF SAN CLEMENTE ISLAND WASTE WATER TREATMENT PLANT			
Address: Naval Base Coronado Public Works, 3 Wright Ave, Bldg. 3			
City: San Diego	County: San Diego	State: CA	Zip Code: 92135
Contact Person: Thomas Niday		Telephone Number: 619-524-9125 Mobile 619-488-0854	

B. Facility Owner:

Name: Naval Base Coronado			Owner Type (Check One) 1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation 3. <input checked="" type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership 5. <input type="checkbox"/> Other: _____	
Address: PO Box 357088				
City: San Diego	State: CA	Zip Code: 92135-7088		
Contact Person: Jason Golumbskie			Telephone Number: 619-545-3429	Federal Tax ID:

C. Facility Operator (The agency or business, not the person):

Name: NAVFAC Southwest Utilities			Operator Type (Check One) 1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation 3. <input checked="" type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership 5. <input type="checkbox"/> Other: _____	
Address: Naval Station San Diego Bldg 3212				
City: San Diego	State: CA	Zip Code: 92136		
Contact Person: Thomas Niday			Telephone Number: 619-524-9125 Mobile 619-488-0854	

D. Owner of the Land:

Name: Same as Owner			Owner Type (Check One) 1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation 3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership 5. <input type="checkbox"/> Other: _____	
Address:				
City:	State:	Zip Code:		
Contact Person:			Telephone Number:	

E. Address Where Legal Notice May Be Served:

Address: Same as Owner		
City:	State:	Zip Code:
Contact Person:		Telephone Number:

F. Billing Address:

Address: Same as Owner		
City:	State:	Zip Code:
Contact Person:		Telephone Number:

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY



State of California
Regional Water Quality Control Board

**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

☐ A. WASTE DISCHARGE TO LAND

☒ B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Domestic/Municipal Wastewater Treatment and Disposal | <input type="checkbox"/> Animal Waste Solids | <input type="checkbox"/> Animal or Aquacultural Wastewater |
| <input type="checkbox"/> Cooling Water | <input type="checkbox"/> Land Treatment Unit | <input type="checkbox"/> Biosolids/Residual |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Dredge Material Disposal | <input type="checkbox"/> Hazardous Waste (see instructions) |
| <input type="checkbox"/> Waste Pile | <input type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Landfill (see instructions) |
| <input type="checkbox"/> Wastewater Reclamation | <input type="checkbox"/> Industrial Process Wastewater | <input type="checkbox"/> Storm Water |
| <input type="checkbox"/> Other, please describe: _____ | | |

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s)
Facility: N/A
Discharge Point: 002

2. Latitude
Facility: 33.003643
Discharge Point: 33.00000

3. Longitude
Facility: -118.551890
Discharge Point: -118.56444

IV. REASON FOR FILING

- | | |
|---|--|
| <input type="checkbox"/> New Discharge or Facility | <input type="checkbox"/> Changes in Ownership/Operator (see instructions) |
| <input type="checkbox"/> Change in Design or Operation | <input checked="" type="checkbox"/> Waste Discharge Requirements Update or NPDES Permit Reissuance |
| <input type="checkbox"/> Change in Quantity/Type of Discharge <input type="checkbox"/> Other: _____ | |

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: Los Angeles Regional Water Quality Control Board

Has a public agency determined that the proposed project is exempt from CEQA? ☒ Yes ☐ No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.

Basis for Exemption/Agency: NPDES Permits are exempt from CEQA based on California law

Has a "Notice of Determination" been filed under CEQA? ☐ Yes ☒ No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

☐ EIR ☐ Negative Declaration

Expected CEQA Completion Date: N/A



APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Additional information included as Enclosures 3 to 6, including maps and schematics.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: Jason Golumbskie-Jones

Title: NBC Installation Environmental Program

Signature: 

Date: 06/18/2018

FOR OFFICE USE ONLY

Date Form 200 Received:	Letter to Discharger:	Fee Amount Received:	Check #:
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NAS, NORTH ISLAND 06 4100
(SAN CLEMENTE ISLAND)
EJECUTIVE ORDER 6897 11/07/34, 11/20/37

11/20/37
San Clemente